One of your most valuable member benefits is to receive FREE guidance from MedChi, The Maryland State Medical Society. Why not take advantage of it? We are here as your resource to answer any questions you may have. MedChi and its component medical societies encourage you or your practice administrator to take just a few moments to indicate your concerns below and return this form by email info@medchiservices.org, fax 1.888.507.6034 or call 1.888.507.6024 to receive complimentary assistance from MedChi Network Services as part of your membership service.

_physicians & practice administrators_

What is Keeping You **Awake** at Night?

- **Payor Concerns?**
- **Electronic Preauthorization?**
- **Medicare and Medicaid EHR Incentive Programs?**
- **Medicare Payment Penalties?**
- **Federal and State regulations?**
- **ICD-10 training?**
- **Data Breach?**

**R**eceive practice solutions from **MedChi**

- Insurance Payment Issues
- Coding and Compliance
- Licensure Process in Maryland
- Regulatory Questions
- Credentialing
- Continuing Medical Education (indicate topic of interest)
- Insurance (Free Consultative Review is offered from MedChi Insurance Agency, Inc.)
- CRISP Health Information Exchange Services including Patient Drug Monitoring Program (PDMP)
- Other
DO YOU HAVE A PAYMENT CONCERN?

PLAN DATA: NAME OF PAYOR OR GOVERNMENT REGULATORY AGENCY __________________________________________
ADDRESS _____________________________________________________
CONTACT PERSON ______________________________________________
PHONE _______________________________________________________

TYPE OF PAYOR

- HMO
- IPA
- TPA
- Government
- Payor
- PBM
- ERISA

Do you have a contract with this Plan/Agency:  ❑ Yes ❑ No
Name of Medical Director, Network Representative, or Claims Adjustor (if known) _____________________________________________________

CONCERNS

- Regulatory
- Credentialing
- Plan Policy/Procedures
- No Pay
- Bundling
- Downcoding
- Audit/Recoupment
- Termination/De-selection From Plan

CONTACT DETAILS

OFFICE STAFF CONTACT _________________________________________________________________________________
PRACTICE NAME __________________________________________________________________________________________
MEMBER NAME __________________________________________________________________________________________
PHONE ________________________     SPECIALTY ______________________________________________________________________
ADDRESS ______________________________________________________________________________________________________
FAX __________________________________________________________________________________________________________
EMAIL __________________________________________________________________________________________________________

PRACTICE TYPE

- Solo Practitioner
- Single Specialty
- Partnership/Small Group (2-5)
- Multi-Specialty Practice
- Mid-size Group (6 to 15)
- Large Group (16+)
- Other

WHO DOES PRACTICE BILLING

- Office Manager/Practice Manager
- Central Group Billing
- Billing Manager
- Outside Billing Entity
- Other

LET MEDCHI HELP YOU!

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